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The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty. Name of receiving Office and "PCT international Application"						
International application be processed according to the Patent Cooperation Treaty. Applicant's or agent's file reference (if desired) (12 characters maximum) SRI-110/PCT	REQUEST	International Filing Da	te			
Box No. I TITLE OF INVENTION	international application be processed	Name of receiving Offi	ice and "PCT International Application"			
OPTICAL VASCULAR FUNCTION IMAGING SYSTEM AND METHOD FOR DETECTION AND DIAGNOSIS OF CANCEROUS TUMORS BOX NO. II A PPLICANT This person is also inventor Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address distance and the full official designation. The address must include postal code and the full official designation. The address must include postal code and the full office of the purposes of: SRI International 333 Ravenswood Ave. Menilo Park, CA 94025 US State (that is, country) of nationality: US State (that is, country) of nationality: US Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Name and address: (Family name followed by given name; for a legal entity, full official designated in this flox ith emplicant's State (that is, country) of residence: This person is applicant include postal code and name of country. The country of the address and called the his flox is country) of residence investment in the followed by given name; for a legal entity, full official designation in the distribution of the purposes of: This person is applicant of the purposes of: State (that is, country) of nationality: US State (that is, country) of nationality: US State (that is, country) of residence involved in the followed in the f		Applicant's or agent's (if desired) (12 characte	file reference ers maximum) SRI-110/PCT			
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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in hits Box is the applicant 's State (that its, country) of residence if no State of residence is indicated below.) FARIS, GREGORY W. 2042 Santa Cruz Ave. Menilo Park, CA 94025 US State (that is, country) of nationality: State (that is, country) of residence: US This person is applicant and inventor inventor only (if this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of residence: US This person is applicant and inventor inventor only (if this check-box is marked, do not fill in below.) Applicant's registration No. with the Office US This person is applicant and inventor inventor only (if this check-box is marked, do not fill in below.) Applicant's registration No. with the Office US The Purther applicant and inventor inventor only (if this check-box is marked, do not fill in below.) Applicant and inventor inventor only (if this check-box is marked, do not fill in below.) Applicant only applicant only inventor only (if this check-box is marked, do not fill in below.) Applicant only inventor only (if this check-box is marked, do not fill in below.) Applicant only inventor only (if this check-box is marked, do not fill in below.) Applicant only inventor only (if this check-box is marked, do not fill in below.) Applicant only inventor only (if this check-box is marked, do not fill in below.) Applicant only inventor only (if this check-box is marked, do not fill in below.) Applicant only inventor only (if this check-box is marked and adelow.) The definition only inventor only (if this check-box is marked and the down and inventor only (if this check-box is marked and the down and inventor only (if this check-box is marked and inventor only (if this check-box is marked and the down and inventor only (if this check-box where no a			the United States the States indicated in the Supplemental Box			
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Further applicants and/or (further) inventors are indicated on a continuation sheet. Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Lumen IPS 2345 Yale Street, 2nd Floor, Palo Alto, CA 94306, US ALBOSZTA, Marek 39,894 or MCFARLANE, Thomas J. 39,299 or SCHUSTER, Katharina Wang 50,000 or JACOBS,Ron 50,142 or BERTRAM, Rowland 20,015 or LODENKAMPER, Robert 55,399 or GU, Tianhua 52,480 Address for correspondence: Mark this check-box where no agent or common representative is that been appointed and the			of residence:			
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		2		Sheet No2			
BQ	No. V	DESIGNAT	rions				
The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.							
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	DE G	ermany is not d	lesignated for any kind of nati	ional protection			
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Box	No. VI	PRIORITY	CLAIM				
The	priority o	of the following	g earlier application(s) is hereb	oy claimed:			
		g date	Number	,	Where earlier application	is:	
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Box No. VIII DECLARATIONS							
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	Box No.	. VIII (i)	Declaration as to the identity	of the inventor		:	
	Box No.	. VIII (ii)		Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent			
	Box No.	VIII (iii)	Declaration as to the applic date, to claim the priority o	cant's entitlement, as at the faction	e international filing	:	
	Box No.	VIII (iv)	Declaration of inventorship United States of America)	(only for the purposes of	the designation of the	:	
	Box No	VIII (v)	Declaration as to non-preim	diaint diantament	tions to laste - C		

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tables related thereto)	: 20	4.	copy of general power of attorney; reference number, if any:						
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